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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. BOST).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 28, 2017.

I hereby appoint the Honorable MIKE BOST to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 11:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

PROVIDING HEALTH INSURANCE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Ohio (Mr. GIBBS) for 5 minutes.

Mr. GIBBS. Mr. Speaker, I am disappointed to hear that the Senate will not be able to take up the healthcare bill this week, but this is a tough issue. It is a tough issue because, at least on my side of the aisle, we want to do the right thing. We want to make sure that people can buy health insurance that is affordable and accessible, and not pull the rug out from under people who have issues.

In the House, we passed a bill, and one of the big issues was preexisting

conditions. We made sure that people with preexisting conditions can buy health insurance that is reasonably priced, similar to people who have no preexisting conditions, but then we kicked in billions of dollars to subsidize those premiums to help those people be in the insurance market because I think it is important that those people are in the insurance market and have access to insurance that is affordable.

I think it is really un-American to pull the rug out from people because they got sick.

ObamaCare is imploding. In Ohio—and this is from the Health and Human Services Agency—ObamaCare in Ohio, since 2013, premiums have increased 86 percent. We had almost 236,000 families pay almost \$44 million in penalties because they couldn't afford their health insurance.

Then there is also a myth out there that the price is going through the roof, it is collapsing because of the current administration. Well, if you look at the facts, the average premium skyrocketed by nearly \$3,000 across the country during the previous administration's final term. Eighty-three insurers left the market, and the average exchange premium spiked 25 percent last year alone. Americans living in roughly one-third of our Nation's counties have only one option of healthcare coverage precisely because this law has continued to fail. All this has occurred prior to the current administration.

Mr. Speaker, I got a phone call last night from a lady whom I have known for over 30 years. She is self-employed, running a service-type business, and she was struggling to pay for her healthcare under the ObamaCare exchanges. She has prayed these last few years that she wouldn't get sick because she wouldn't be able to meet the deductible. She works 12-hour days. She is in one of those at least 20 counties in Ohio that will not have an in-

surer on the individual market for next year. She has no options to buy health insurance next year. She called me up and said: I don't know what I am going to do.

I didn't have a good answer for her. That is why we need to get this done.

Prior to ObamaCare—I don't know if a lot of people realize this—when I was a self-employed farmer, I bought my health insurance through association plans. ObamaCare did away with association plans and forced people onto the exchanges and mandated what kind of coverage you had to buy.

Ironically, as a Member of Congress, I am required to be on ObamaCare, and I am. But the ironic thing is, next year, if things don't change—and I was forced to be on the D.C. exchange, but if I was forced to be on my county exchange back where I live, my county does not have a health insurer in the individual market next year. I think it is ironic as a Member of Congress, if I wasn't on the D.C. exchange, I wouldn't be able to buy insurance through my exchange back home because it will not be available.

How do we fix this?

I think we have to incorporate free-market principles. We have to get the cost down, and then the market will work.

How do we get the cost down?

We have to have price discovery, and how you get that is through competition. I think health savings accounts is one way you will get competition and personal responsibility. People will shop around on a nonemergency-type basis, and it will help drive the cost down.

ObamaCare did away with health savings accounts.

Also, tort reform. We need to make sure that doctors practicing medicine don't have to worry about frivolous lawsuits and fight defensive medicine. That is really important.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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